[] YES

[] YES

[] YES

[] YES

[] NO

[] NO

[] NO

[] NO

COMBINED DECLARA' (Includes Reference to PCT	TION FOR PATENT APP [International Applications)	LICATION AND PO	WER OF ATTORNEY	Attorney'	s Docket No.
As a below named inventor	, I hereby declare that:				
My residence, post office a	ddress and citizenship are as	stated below next to n	ny name.		
I believe I am the original, plural names are listed belo	first and sole inventor (if on w) of the subject matter whi	ly one name is listed be ch is claimed and for v	elow) or an original, first which a patent is sought or	and joint inventio	entor (if n entitled:
CONSTANT VOLTAGE	POWER SUPPLY				
the specification of	f which (check only one iten	ı below)			
[x] is attac	ched hereto				
[] was fil	led as United States applicati	on			
Serial No	·				
on					
and was a					
on (if a	pplicable).				
[] was file	ed as PCT international appl	lication			
Number					
	mended under PCT Article				
on	(if applica	ble).			
I hereby state that I have rev amended by any amendment	riewed and understand the co	ontents of the above-ide	entified specification, inclu	iding the clai	ms, as
I acknowledge the duty to d continuation-in-part applicate and the national or PCT into	lisclose information which i tions, material information ernational filing date of the	is material to patentab which became availab continuation-in-part a	le between the filing date pplication.	of the prior	r application
I hereby claim foreign prior inventor's or plant breeder's country other than the Unite foreign application for pater filing date before that of the	s rights certificate(s), or 36 ed States of America, listed it, inventor's or plant breed	5(a) of any PCT inter- below and have also : ler's rights certificate(national application which	h designated	at least one
PRIOR FORI	EIGN/PCT APPLICATION	NS AND ANY PRIO	RITY CLAIMS UNDER	35 U.S.C. 1	19:
Coun (if PCT, indic	itry	Application Number	Date of Filing (day, month, year)	Priority	Claimed U.S.C. 119
Japan		2002-340607	25/11/2002	X YES	[] NO
				[] YES	IJNO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney's Docket No.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at Cohen, Pontani, Lieberman & Pavane to prosecute this application and transact all business in the Patent and Trademark Office connected therewith

Customer number 27799

Send correspondence to Cohen, Pontani, Lieberman & Pavane at the address for the following customer Number: 27799

Direct Telephone calls to: (name and telephone number) Thomas Langer (212) 687-2770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FAMILY NAME TANIGAWA	FIRST GIVEN NAME Hiroshi	SECOND GIVEN NAME
$\begin{vmatrix} 2 \\ 0 \\ 1 \end{vmatrix}$	RESIDENCE, CITIZENSHIP	спту Tsurugashima-Shi	STATE OR FOREIGN COUNTRY Saitama, JAPAN	COUNTRY OF CITIZENSHIP JAPAN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS, See below **	сітү Tsurugashima—Shi	STATE & ZIP CODE/COUNTRY Saitama, JAPAN
2	FULL NAME OF INVENTOR	FAMILY NAME YAMANE	FIRST GIVEN NAME Satoru	SECOND GIVEN NAME
$\begin{vmatrix} \tilde{0} \\ 2 \end{vmatrix}$	RESIDENCE, CITIZENSHIP	стү Tsurugashima-Shi	STATE OR FOREIGN COUNTRY Saitama, JAPAN	COUNTRY OF CITIZENSHIP JAPAN
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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
$\begin{bmatrix} 2 \\ 0 \\ 2 \end{bmatrix}$	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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^{*} Post Office Address of Inventors 201 and 202 c/o TOKO, INC., Saitama Plant, 18, Oaza-Gomigaya,

SIGNATURE OF INVENTOR 203 DATE	
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DATE	